



## UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

REQUEST TO PROCEED WITHOUT PREPAYMENT OF FILING FEES WITH DECLARATION IN SUPPORT  declare under penalty of perjury, that the following is true and correct, that I am the prisoner-plaintiff in the above entitled case; that in support of my request to proceed without prepayment of fees under 28 U.S.C. Section 1915, I declare that because of my poverty I am unable to pay the full costs of said proceedings or to give security therefore and that I am entitled to redress.  If further declare under penalty of perjury that the responses which I have made to the questions and instructions below a true, correct and complete.	R. Brown			'08 CV 1580 BEN PCL					
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source during the past twelve (12) months:		If t	If the answer to any of the above is yes, describe such source of money and state the amount received from each						
		sou	arce during the past twelve (12) months:						

3.	Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) \(\subseteq\) Yes \(\subseteq\) No  If the answer is yes, identify each account and separately state the amount of money held in each account for each of the six (6) months prior to the date of this declaration.					
4.	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?   Yes   No					
	If the answer is yes, describe the property and state it approximate value:					
5.	In what year did you last file an Income Tax Return?					
	Approximately how much income did your last tax return reflect?					
6.	List the persons who are dependent upon your for support, state your relationship to those persons, and indicate how much you contribute toward their support:					
I,	I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fin of \$250,000 (18 U.S.C. Sections 1621, 3571).  County (or City)  State  County (or City)  Prisoner/Plaintiff (Signature)					

## PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statue to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Prisons Plaintiff (Signature)

## CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner the North Kurn Sta			where Prisoner-Plaintif	on account a
I further certify that during the p certify that during the past six m	east six months the appl	icant's average month	ly balance was \$	I further
A certified copy of the prisoner-	plaintiff's trust account	statement for the last	six (6) months is attach	ned.
8/14/08		Sm	redin-	
Date		Authorized Officer	of Institution (Signatur	re)
COPY BY TH TTES	ORNIA DEPARTMENT OF CO		, , ,	
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